The effectiveness of a training program in developing the independence skills of people with Intellectual disability

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ABSTRACT:

The current study aimed to identify the effectiveness of a training program in developing the independence skills of people with mental disabilities, and the sample of the study consisted of (13) mentally handicapped persons enrolled in the Comprehensive Rehabilitation Center for Persons with Disabilities in Najran. The quasi-experimental approach was used to design a single group, and in order to achieve the objectives of the study, a measure of independence skills consisting of (personal hygiene skills, dressing skills, food preparation and eating skills) was applied to the sample members. The training program was also applied to the sample members. The results indicated that there are differences between the two applications, before and after, and in favor of the post application. The students also retained the learned skills two weeks after the end of the intervention period, which indicates the effectiveness of the program. It also found an effect of the program in providing students with independent skills, with a high impact on skills and on the overall degree.

1. Introduction

Intellectual disability, which was previously called mental retardation, is characterized by an intelligence that is less than the average by two standard deviations from the average intelligence, in addition to a deficiency in the skills necessary for daily life. The report of the results of the "Disability Survey 2017", in which the authority has adopted the definition of disability and the classification of degrees of difficulty in the expanded definition of the Washington Group for Disability Statistics (WASHINQTON GROUP ON DISABILITY STATISTIC) indicates that the number of the Saudi population who suffers from difficulties in its three degrees (low, severe, very high (about 1445723, constituting 7.1% of the total population, and males and females representing 3.7% and 3.4%, respectively) General Authority for Statistics

, 2017)

Usually, children with intellectual disabilities are measured and diagnosed based on four main dimensions: the medical, psychological, educational, and social dimensions. The social dimension is expressed in the dimension of adaptive behavior, as measures that measure this dimension have appeared, and the most famous of which are the American Society for Mental Retardation Scale for Adaptive Behavior, the Kayn and Levin Scale of Social Adequacy, and the Vineland Scale of Social Maturity (Al-Rousan, 2009). These measures are designed to assess the level of performance of the intellectually disabled in a wide range of self-care activities, which include skills, autonomous functions, and developmental requirements such as autonomous functions related to food, clothing, public safety, hygiene, health habits, etc., and most individuals with intellectual disability face problems in performing tasks independently.

These problems are usually related to the severity of intellectual disability, and the support provided to these individuals varies according to the appropriate educational alternative, as it depends directly on specialists if the alternative is permanent care centers, and it depends on the family and specialists if the alternative is day care centers or the special class attached to schools The Ordinary (Rousan, 2010).

Children with intellectual disabilities can learn and perform new independence skills, but they learn them more slowly compared to normal children of their chronological age. Where (Matson, Dempsey &Fodstad 2009; Matson, Rivet et al. 2009) stresses the importance of providing people with intellectual disabilities with skills such as using mass transit vehicles, preparing meals, personal hygiene, and shopping.

The acquisition of independence skills, social and recreational skills, community skills and vocational skills for individuals with intellectual disabilities allows for greater integration and participation in activities enjoyed by the general population.

The United Nations (2006) declared that persons with intellectual disabilities should be empowered to live independently as much as possible. To achieve this, governmental and private institutions that deal with categories of intellectual disability seek to bring about changes in their skills that enable them to take care of themselves and their private matters. So that they can deal with daily life problems, adapt and succeed in life (Prabhala, 2017) and thus live independently as possible.

The role of comprehensive rehabilitation centers comes as one of the leading institutions in the field of caring for people with disabilities in the Kingdom of Saudi Arabia, including the rehabilitation center in the Najran region, where the center sponsors and rehabilitates different categories of disabled people, ranging in degree of disability from medium to severe and for both sexes, and it works to provide programs that qualify Socially, psychologically, healthily and professionally. In addition, to provide family counseling programs according to individual thoughtful plans (Ministry of Social Affairs, 2016).

The process of learning independent skills for individuals with moderate and severe intellectual disability is like other adaptive, academic and functional skills that take place according to a number of basic stages. Because these stages provide the opportunity for the teacher to general planning, and pre-organizing before starting to train these groups on a number of skills.

Aaron (2001) demonstrated a model for stages and levels of learning and mastery of any skill, which was suggested by each of (Haring &Gentary) where learning starts from a simple basic level, and then moves to more complex levels with five basic phases as follows:

Response phase: It is meant by the student's response through his attention to the model presented in front of him, and this is the first phase of training, so the teacher must be keen to attract the student's attention towards the presented model, and present the stimuli in an organized and purposeful manner to ensure the correct response.

Acquisition phase, and in this stage the student is trained on the target skill, as this stage includes the application of all the different training methods that the teacher chooses, which may be such as indoctrination, modeling, alerts and tips, and feedback.

Proficiency phase: This stage is concerned with the student's ability to master the target skill, through the completion of the exercises and applications presented to him by the teacher and with the method and standard specified for him in advance.

Maintenance phase: This phase focuses on the student's ability to remember the acquired information and skills for a period of time following the training process. In order for the student to maintain the skills and target behaviors, it is recommended to apply practice strategies and permanent repetition to support the preservation of all acquired information in his memory and to retain it for a period of time.

Generalization phase :At this stage, the teacher places the student in different situations similar to the position in which the skill was trained, and to know the level of the student's ability to interact with these situations and apply the previously acquired skills.

Many previous studies have described the importance of training programs in improving the independence skills of people with intellectual disabilities. Where it was found that there is an impact of the training program on teaching self-care and home skills for three students with intellectual disability, as the students independently mastered the skills of shirt folding, tying shoes, polishing shoes, operating a washing machine, making soup, and making salads (Sabanova&Cavkaytar, 2007), and improving the level of independence skills such as eating, using the bathroom, personal hygiene and paying attention to general appearance (Si Bashir, Fawzia, 2017) , and the development of self-care skills and the retention of the learned skills after the end of the study period (Hawass, 2019) and the

development of some life skills (Abdulaziz and Qutb, 2015). And the promotion of self-learning and the development of independence skills at work among four individuals with moderate to severe mental disabilities (Cannella-Malone, Brooks, &Tullis, 2013). And the effect of the educational program on the independence skills related to personal hygiene among students with disabilities (Taghreed and El-Shennawi, 2001) and the effectiveness of using the individual educational program in improving the levels of autonomy of students with mental disabilities, and increasing their knowledge of the requirements of the transitional age stage (adolescence) (Seong, Wehmeyer) Palmer, & Little, 2014), and the effectiveness of a behavioral counseling program in developing some life skills for students with mild intellectual disabilities in Jeddah (Al-Maliki, 2017), and the effectiveness of using modeling learning (live and illustrated) in improving the level of some adaptive behavior skills for mentally handicapped children (Abdel-Sabour, 2017). And that pupils with Down syndrome mastered the skill of preparing a simple meal independently through the video model, and the generalization of the skill was verified in addition to preserving the skill after 14 days of mastering it (al-salahat, 2016) and that the state of autonomy during the presence of students with disabilities The mentality in high school had more positive results in accomplishing societal tasks and activities, and the intervention programs of high school autonomy made it more stable and stable over time (Hughes, Cosgriff, Agran, & Washington 2013).

The importance of independence skills and the extent of their need is crystallized in satisfying the basic needs of the intellectually disabled, continuing progress and developing ways of living life in society, and helping it to communicate with others and autonomy in performing life skills, to ensure a successful and happy life. Focusing on life and professional skills is beneficial for students with moderate to severe disabilities in order to successfully transition into adulthood and maintain employment (Chiang, Ni & Lee, 2017).

As the current study seeks to know the effectiveness of a training program in developing the independence skills of people with intellectual disabilities at the Comprehensive Rehabilitation Center in the Najran region for independence skills in the areas of (body care skills, dressing and preservation skills, food preparation and eating

skills)

Where this study was designed to answer the following questions:

Are there statistically significant differences at the level of significance (α = 0.05) between the ranks of the study sample's ranks on the total score of the scale and on all skills for the pre and post applications?

Are there statistically significant differences at the level of significance (α = 0.05) between the ranksof the study sample's ranks on the total score of the scale and on all skills for the two applications for the dimension and follow-up?

What is the effect of the program in providing students with independent skills on skills and on the overall degree?

2. Method

2.1 Research Design

The quasi-experimental approach was used to design a pre post- test for one group, which is used to measure the size of the effect between the independent and dependent variables.

2.2 Participants

The members of the study community are students enrolled in the Comprehensive Rehabilitation Center in Najran for the academic year 1440/1441 AH, and the study sample consisted of students with mental disabilities of (medium) grade. The total number of study members reached (13), who are students whose IQ ranges between (55 - 35) on the IQ scales used in the center.

2.3 Instrument

In order to measure the level of independence skills of individuals with mental disabilities, the scale of independence skills was prepared by reviewing previous studies (Sigurdson, 2000), (Huttor, 2000), (Ogrday, 2002), (Schneider, 2004). Also similar scales as referred to in Al-Rousan and Haroun (2001), including: A scale of the current level of performance on everyday life skills for extraordinary children. Kane and Levin Scale of Social Sufficiency (Jordanian Image), Adaptive Behavior Scale for the Mentally Handicapped, Jordanian image of the American Association for Mental Retardation Adaptive Behavior Scale (Dimension of Independence Skills). Where the scale consists of a set of skills including body care and health safety skills, wearing and maintaining clothes, food preparation and eating

To verify the validity of the content of the independent skills scale, it was presented to (14) faculty members of the Department of Special Education at Najran University, and teachers of mental disability in the Education Department in Najran. And based on the comments and suggestions of the judges, the statements of the independent skills scale, which scored 86% or more, were retained. Where the scale in its final form consists of (30) items distributed into (3) dimensions: body care skills and health safety, and includes (10) items. Skills of wearing and maintaining clothes, and includes (10) statements. Food preparation and eating skills, and includes (10) statements. The response on the scale was designed according to the triple staging as follows: Highly proficient and has (3) grades, Proficient in medium degree and have (two grades), not proficient and has (one degree) only. Consequently, the highest score on the scale is (90), and the lowest score on the scale (30), and to measure the stability of the scale, the scale of independence skills was applied to 10 individuals with mental disabilities, and then the stability of the scale was calculated through the half-segmentation method, where the value of the reliability coefficient was The half split of the scale (0.89), which is a high reliability value suitable for the purposes of the study, which indicates that the scale has high reliability.

2.4 Independent Skills Training Program

The training program for independence skills has been prepared based on the five stages proposed by (Haring &Gentary) where teaching independence skills starts from the simple basic level, and then moves to the more complex levels. The training program for autonomy included a set of organized procedures and activities such as (motor activities, language activities, cooking activities, story-telling activities, dramatic play, and manual activities) with the aim of training people with mental disabilities on independence skills through the use of techniques and methods such as reinforcement, skills analysis , Induction, modeling, iteration. Environmental models and materials were used, such as: figures, wash basin,

soap, bathrobe, shower, toilet, scissors, brush, toothbrush, bed, chairs, carpets, and various textile fabrics.

Independence skills were divided into (21) training sessions, at the rate of five sessions per week, and the duration of each session was (30) minutes per day where it was devoted to body care and health safety skills (5 sessions), dressing skills (6 sessions), food preparation and eating skills (10 sessions). In addition, four training sessions were provided for teachers of mental disability with the aim of explaining the concept and procedures of the training program for independent skills, how to organize training sessions, and the use of techniques, methods, and auxiliary means.

2.5 Procedures

-The two researchers obtained approval from the director of the Comprehensive Rehabilitation Center to carry out this study.

-Training of teachers with mental disabilities on the independent skills scale, and the independent skills training program

-Prior to the application of the study, the scale of independence skills was applied to the mentally handicapped students individually as a pre-measure.

-Starting the implementation of the training program for the independence skills on the members of the study sample.

-After the completion of the training program for the independence skills, the scale of independence skills was applied to the mentally handicapped students individually as telemetry.

-The scale of independence skills was applied to the mentally handicapped students individually with an interval of two weeks after the end of the study in order to measure the retention of the learned skills.

3. Results

Results of the first question:

The arithmetic averages and standard deviations of the performance of the students of the experimental group were extracted on the scale of independence skills for the pre and post applications. And Table (3) shows that:

Table (2)

Arithmetic means and standard deviations of the performance of students of the experimental group on the scale of independence skills for the pre and post applications (n = 13)

Skills	Test	Mean	S.D
Body care and health safety skills	Pre	1.46	.660

		Post	2.15	.376
Dressing and maintaining skills		Pre	1.31	.480
		Post	2.46	.519
Food preparation and eating skills		Pre	1.08	.277
		Post	2.08	.277
Total		Pre	1.28	.381
		Post	2.23	.210

Table (2) shows that there is a difference between the mean scores of the experimental group students in the scale of independence skills in the two applications, pre and post. In order to reveal the significance of the differences between the mean ranks of the scores of the students of the experimental group for the pre and post applications, the Wilcoxon test was used for non-independent samples on the skills of independence and on The total score of the scale and Table (3) shows that:

Table (3)

Wilcoxon test results to calculate the significance of the difference between the ranks of students with disabilities' scores on the independence skills of the experimental group in the pre and post.

Skills	Ranks mean -	Ranks mean +	Ranks sum -	Ranks sum+	Z value	Sig
Body care and health safety skills	**.00**	**5.00**	**.00**	**45.00**	**3.00**	**.003**
Dressing and maintaining skills	.00	6.00	.00	66.00	3.035	.002
Food preparation and eating skills	.00	7.00	.00	91.00	3.606	.000
Total	.00	7.00	.00	91.00	3.209	.001

It is evident from Table (3) that there are statistically significant differences at the level of significance (0.05) between the ranks of the experimental group students on the total score of the scale and on all skills for the pre and post application and in favor of the post application, which indicates the effectiveness of the program.

Results of the second question: The arithmetic means and standard deviations of the students 'performance in the experimental group were extracted on the scale of independence skills for the two dimensional and follow-up applications. And Table (3) shows that:

Table (4)

Arithmetic means and standard deviations of the performance of students of the experimental group on the independence skills scale for the two post and follow-up applications (n = 13)

Skills	Test	Mean	S.D
Body care and health safety skills	Post	2.15	.376
	Post-post	2.15	.376
Dressing and maintaining skills	Post	2.46	.519
	Post-post	2.38	.506
Food preparation and eating skills	Post	2.08	.277
	Post-post	2.08	.277
Total	Post	2.23	.210
	Post-post	2.21	.290

Table (4) shows that there is a difference between the mean scores of the experimental group pupils in the scale of independence skills in the two post and follow-up applications, and in order to reveal the significance of the differences between the mean ranks of the scores of the experimental group students for the two post and follow-up applications. The total score for the scale and Table (5) shows that:

Table (5)

Wilcoxon test results to calculate the significance of the difference between the ranks of the students with disabilities' scores on the independence skills of the experimental group in the post and follow-up applications.

Skills	Ranks mean -	Ranks mean +	Ranks sum -	Ranks sum+	Z value	Sig
Body care and health safetyskills	2.50	2.50	5.00	5.00	0.00	1.00
Dressing and maintaining skills	4.00	4.00	12.00	16.00	0.378	.705
Food preparation and eating skills	.00	.00	.00	.00	0.00	1.00
Total	6.50	3.00	13.00	15.00	0.176	.8660

It is evident from Table (5) that there are no statistically significant differences at the level of significance (0.05) between the ranks of the experimental group students 'ranks on the total score of the scale and on all skills for the two applications and follow-up, which indicates the effectiveness of the program in the survival of learning skills.

Results of the third question: What is the effect size of using the program in improving the independence skills of individuals with intellectual disabilities?

The formula for calculating the effect size was used for the performance of the members of the experimental group on the scale of independence skills on the dimensional measurement: ($r = Z / \sqrt{n}$). Cohen classified the level of the effect size into the effect size of the independent variable in the experiment.

Small (d) = 0.2, Medium (D) = 0.5 , Large (D) = 0.8

Table (6) shows that:

Table (6): The effectsize of the performance of the experimental group students on the total score of the scale of independence skills in the post application

Skills	Z value	Effect Size	Effect size level
Body care and health safety skills	3.00	0.83	*Large*
Dressing and maintaining skills	3.035	0.84	*Large*
Food preparation and eating skills	3.606	0.99	*Large*
Total	**3.209**	**0.89**	*Large*

The table shows the existence of an effect of the training program in providing students with independence skills, with a high impact on skills and on the overall degree.

3.2 DISCUSSION

The purpose of this study was to investigate the effectiveness of a training program in developing the independence skills of people with intellectual disabilities. The results indicated an improvement in average and average ranks on the total score of the scale and on all skills of the group members in the post application compared to the pre-application. The results also indicated that the study sample retained the application of independent skills two weeks after the end of the study period, in addition to the existence of a significant impact of the training program.

This improvement can be attributed to the task analysis method that was used in teaching

independent skills, where the autonomy skill (such as hand washing skills) was divided into small parts (go to the sink, open the water tap, wet the hands, ...) which facilitated procedures Learning it, and the independent completion of the intellectual disability of the sub-tasks led to the formation of a strong motivation for them to accomplish the main tasks.

Among the techniques used in training the members of the experimental sample is the modeling technique, where the skill was presented in front of them and they were encouraged to try to perform the target skill in a loud voice considering it the ideal model that should be taught. Consequently, it increased their practice of these skills.

The combination of the method of task analysis and modeling had a great impact on mastering the overall skill, as the trainer used to present the overall skill in the form of partial skills (the task analysis method) and then ask the handicapped to perform it, which had an effect on mastering the overall skill.

Among the techniques that contributed to the emergence of positive results for the program are techniques suitable for all members of the sample with mental disabilities, which are based on the practical repetition and diversity of activities, which led to the stabilization of the required skill for them. Repetition is among the techniques that are used to overcome the weakness of remembering that people with intellectual disabilities suffer. The technique of repetition also helps them to retain the skills they have been trained on, and re-alert people in kind repeatedly.

Among the techniques that were emphasized during the training process is induction, which included praise and interest by researchers through touches indicating satisfaction, such as patting on the shoulder or handshaking as an expression of appreciation, and facial expressions such as smiling and pleasure, which was highly effective in developing skills Independence among the sample members.

The material and moral reinforcements had an effective effect on the program's statements, as it was presented upon the child's success in performing each of the tasks required of him, and this was pushing him to perform what was required of him until he received the reinforcement and the reinforces had increased their happiness and pleasure, and this is what the person confirms

(2010) That reinforcement is a consequence of the behavior that the behavior is more likely to occur and repeat in the future when the reinforce follows it, and that an educational program based on augmented reality has been effective for increasing independence of people with disabilities (Bridges, Robinson, Stewart, Kwon &Mutua, 2020)

What also contributed to the positive results of the program is that personal tools were used by the members of the experimental sample before the start of the sessions, which made it easy for them to bring them from the places designated for them upon request such as (soap, bathrobe, scissors, toothbrush, seats, and various clothes). The two researchers, during the implementation of the program, were the individuals' preservation of the tools and their interaction during the training process and returning them to their designated places after the completion of their use. This came from their feeling that they were their own tools, which was reflected in the development of their independent skills.

It can also be attributed to the emergence of positive results of the program in terms of the opportunity to practice independence skills at different times outside the training period, which helped in mastering those skills, for example, the intellectually disabled were trained to eat lunch, in return they were given opportunities to train to eat meals Eating for breakfast and dinner, and so on for the rest of the skills, such as washing hands before and after eating, eating drinks, changing clothes. The results of the current study agree with many studies that indicated the effectiveness of training and educational programs in improving the skills of eating, drinking, and wearing and dressing (Hawass, 2019), and the development of life skills for individuals with intellectual disabilities (Al-Maliki, 2017, Al-Qahtani, 2015, Abdulaziz and Qutb, 2015),and the acquisition of some life skills and self-care through a computerized program (El-Sharkawy, 2018). The results of the current study also agree with many studies that indicated the effectiveness of applying techniques such as (task analysis, reinforcement, repetition, modeling, and induction) in the acquisition and development of autonomy skills for People with intellectual disability (Al-Taqatqa, 2020, Hajj Amin, 2018, Qatanani, 2013).

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